| Gift to Agency Report  | A Public Do  | ocument         |  | GIFT TO AGENCY REPORT   |
|--|--|-----------------|--|-------------------------|
| 1. Agency Name   |  |                 | Date Stamp   | California 201          |
| Governor's Office  |  |                 | 7  | Form OUI                |
| Division, Department, or Region (i   | f applicable)  |                 |  | For Official Use Only   |
|  |  |                 |  |                         |
| Street Address   |  |                 |  | 1                       |
| State Capitol  |  |                 |  |                         |
| Area Code/Phone Number E-m   | ail  |                 | ☐ Amendment (explain   | in comment section)     |
| (916) 445-0873   |  |                 |  | 18                      |
| Agency Contact (name and title)  |  |                 | Date of Original Filing:   | (month day, year)       |
| Dan Maguire, Deputy Legal Affa   | airs Secretary   |                 |  |                         |
| 2. Donor Name and Address  |  |                 |  |                         |
| □ Individual   |  | ⊠ Other         | GE c/o Universal Stu   | dios Hollywood          |
| Individual Last Name   | First Name   |                 | ,  | Name                    |
| 100 Universal City Plaza 5511-6  | 5 Universal City   |                 | CA<br>State  | 91608<br>Zip Code       |
|  | ettat* l   |                 | State  | Zip code                |
| GE is a diversified technology, not of the office of the o |  |                 |  |                         |
| AN OPENING SOUNDING SOUNDING TO PROPERTY AND   | and the state of t |                 |  |                         |
| If applicable, identify the name of ea   | ch source and the amount(s) solici   | ted or receive  | ed by the donor for this gi  | ft:                     |
|  | S  |                 |  | s                       |
| Name   | Amount   | 7277            | Name   | Amount                  |
| 3. Payment Information   |  |                 |  |                         |
| Date and Amount of Payment   | other than travell 08-14-08  | \$              | 116,407  |                         |
| bate and Amount of Laymont   | (month, day, year)   |                 | (Round to whole dollars)   |                         |
| Travel Payment Information (Ro   | und to whole dollars) Location of  | Travel          |  |                         |
|  |  |                 |  |                         |
| S  | ation Expenses Lodging Expenses  | \$              | \$   | \$                      |
| Provide a specific description   |  |                 |  |                         |
| 12 2   |  | (40) Tr         | 17. The second s | □                       |
| GE made a payment to Ambrosi   |  |                 |  |                         |
| ceremonies, signature events ar  | id forums (Sheraton) for the Bo  | rder Govern     | iors Conference on Au  | gust 13 - 15, 2008.     |
| Identify the officials for who   | m the navment was used:  |                 |  |                         |
| identity the officials for who   | in the payment was used.   |                 |  |                         |
|  | not applicable   |                 |  |                         |
| Last Name  | First Name   |                 | Title  | Department/Division     |
|  |  |                 |  |                         |
| Last Name  | First Name   |                 | Title  | Department/Division     |
| 4. Verification  |  |                 |  |                         |
|  | sonto of the annual to assent this   | -:D ===d== 't   | f  |                         |
| I have determined that it is in the inte   | resis of the agency to accept this (   | giit and use it | for the official agency bu   | siness described above. |
| Caro PIZ- 0  |  |                 |  | 21.1.0                  |
| Justin   | Susan Kennedy  | Chief           | of Staff   | 9/9/08                  |
| Signature of Agency Head or Designbe   | Print Name   |                 | Title  | (month, day, year)      |
| Comment: (Use this space or an attack  | hment for any additional information 1   |                 |  |                         |
| The space of the discount of the space of th |  |                 |  |                         |
|  |  |                 |  |                         |

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